COALITION PROTESTS ARRIVAL OF NATIONAL FRONT MEMBER

by Ahmer Qadeer • see page 3

SPECIAL FOCUS ISSUE ON WOMEN'S HEALTH

Special Daily supplement, see pages 5 to 8

THE McGILL DAILY

VOLUME 83 • NUMBER 9 | Needing Windows since 1911 | MONDAY, SEPTEMBER 20, 1993

The Priorities of Provincial Health Care

User Fee Proposal Misguided

BY KRISTEN BOON

The health of the province is in unsure hands. Québec's health care system, with an annual tab of $13 billion, accompanies education as one of the most costly government domains.

Reformers are wielding eager scalpels, yet critics are charging that the government's eagerness to impose user fees on the health care system is short sighted.

User fees are part of a deterrent system which envisions patients paying a portion of the total medical bill. A fee would be charged to every patient visiting a doctor, regardless of the service. The money would then be collected by the provincial government.

Dr. R.L. Cruess, Dean of Medicine at McGill, sees two objectives in the user fee proposal.

"The first is to diminish use of health services with a financial barrier," said Cruess. "The second is to put more money into the system. In reality the objectives are probably a mixture of both."

User fees would also serve to decrease the consumption of medical services according to Marie-Claire Ouillet, press attaché for the Ministry of Health. She said the fees would reduce the number of patients who "shop-around" for doctors.

However, according to a report released last week by Greg Stoddart of McMaster University, and Robert Evans of the University of British Columbia, the Québec government's approach is misguided.

The report prepared for the Premier's Council on Health in Ontario unequivocally condemned user fees as a means to reform health care systems. It found patients receiving unnecessary services accounted for less than one percent of health expenditures.

"What proportion of total utilization do patients have control over?" asked Stoddart. "They are dealing with general practitioners, and these visits account for only 8-10% of total medicare spending."

Given the small proportion of the population actually seeing doctors at any one time, Stoddart concludes that user fees "are not likely to be significant in proportion to the overall system."

A far greater problem was the number of doctors abusing the system, estimated to be 30-40%.

User Fees Penalize Poor

Far from deterring doctor-shopping, the financial effect of user fees may well restrict medical services to those with higher incomes.

"Deterrent fees penalize those who are needy, not those with good salaries," said Dr. Georges Boileau, Director of Communications for the Féderation des Omnipractitioners du Québec.

User fees, by their financial nature, contradict a system of equal access to health services.

"When there is such a measure, there is always a price tag attached. The system was instituted to remove the financial barrier - doctors want to practise medicine User fees may counteract thi: principal,?" said Boileau.

Health care mired in politics

The user fee debate has eyebrows raised about the wisdom of provincial health care allocation. For the past 15 years the government has attempted to better services in rural parts of the province.

The 17 "designated areas" including the North Shore, Rimouski, and Gaspé have received special incentives, such as doctors being paid 115% of the fee schedule.

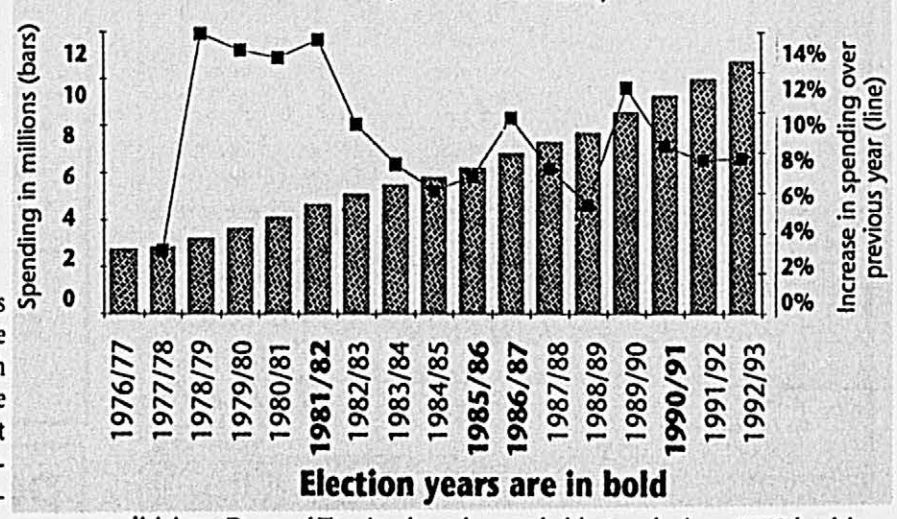
Some however, are questioning the Government's altruism. Health care has become a favored tool of politicians. Dermod Travis, a board member of the St. Louis de Parc CLSC, said "Politicians have used health care as a means to carry favor with voters."

A survey of provincial health care spending undertaken by Travis confirms this link. A tabulation of Statistics Canada figures reveals a remarkable trend, since 1979 health care budgets have been highest in election years.

During the last election period in 1989/90, funding jumped by 10% to 8,564.3 million from the previous year's 7,704.7 million.

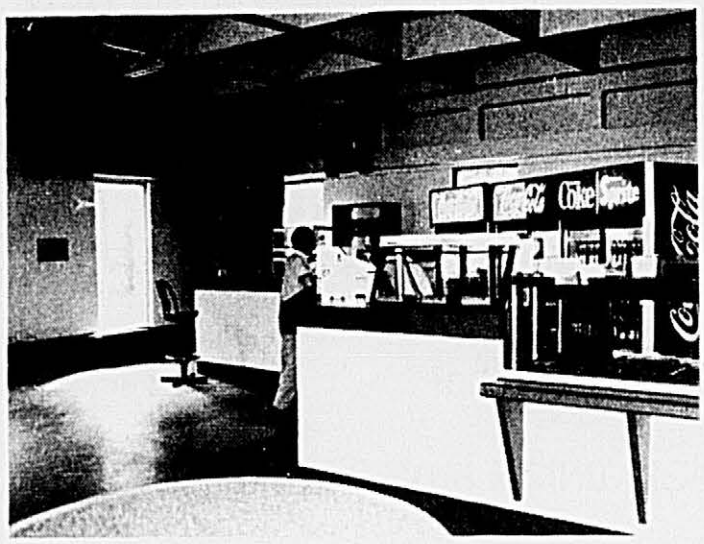
Continued on Page 8...

Spending on health care by the Québec government
1976-1993 (Source: StatsCan)



Election years are in bold

Gert's and the Alley: A New Image?



DAILY PHOTO: BAIBA VILLIS

BY CATHERINE COHEN

Gert's and The Alley, two long-standing campus institutions, were spruced up this summer — much to the chagrin of McGill students. Marriott, an international company hired by the SSMU last year to run Gert's and the Alley for the next four years, is managing their facelifts.

According to a market research study conducted last year, renovations were necessary since neither establishment was generating maximum revenues.

"Marriott made no money last year", said Cornell Wright, VP Internal of the SSMU. "We needed these changes to improve revenues, otherwise there was a risk we would have no cafeteria upstairs altogether."

There seems to be some dissention within the SSMU ranks. Paul Johnson, VP Finance of the SSMU, called this an exaggeration. He did admit that the renovations were in the best interests of the students. "More money for Marriott means more money for the SSMU".

According to Sabina Pampena, who is in charge of Marriott's operations at McGill, the restaurants' new images will increase volume, especially during the day.

By putting the Pizza Hut in the Alley, Marriott and the SSMU expect that crowds and profits will increase this year. According to Johnson, "last year the Alley made no money because its regular customers weren't spending any money. We have the space, so we must make it profitable".

Pampena remains confident that the Alley was one on the best places to put the Pizza Hut according to the market research study.

Marriott will not disclose the cost of renovations, but they have financed the changes themselves. They claim there will be no additional hike in prices beyond the standard annual increases.

Many students are disgruntled by the changes in the Alley. The ambiance has been altered by the unavoidable smell of pizza.

Johnson agrees that it compromises the atmosphere. The changes were made on a financial basis, "sacrifices had to be made" he claims.

Opinions on the renovations are mixed. A two year employee of the Alley says, "For me and my friends it's not an improvement but there's this whole element on campus that really likes it."

The pizza man (a McGill institution!) that occupied the corner of Gert's for years has been ousted by Pizza Hut which will sell their product in Gert's and the cafeteria. When asked of the whereabouts of McGill's familiar face, Paul Johnson answered that he had "no idea."

The contract between SSMU and Marriott is based on the exchange of a bare minimum per year, or a percentage of gross sales, depending on which is greater.

While all ideas must be approved by SSMU before Marriott undertakes them, the deal between the two was struck in times of trouble.

Johnson says, "the contract was signed in an emergency situation when Scott's withdrew from their contract. We needed someone to take over immediately. Further planning was not a possibility."

The plans for co-op food services have been postponed for the time being.

"I feel that SSMU cannot take on such a huge task. Perhaps co-op would be possible in the future. You won't see it developing while I'm here!" says Wright. "We're still trying to get Sadie's in line, let alone run a multi-million dollar cafeteria."

Coalition protests Front National

Member of far-right french political party to attend municipal conference

BY AHMER QADEER

A coalition to fight the expansion of the far-right into Québec is planning demonstrations against a delegation of Front National members attending a municipal conference on Tuesday.

The Coalition Contre le Front National et l'Extrême Droit is holding a week of protests to contest the arrival of Front National member Jean-Yves Le Gallou in Montréal. The Front National is a far-right political party based in France.

"There has never been an anti-racist or anti-far right coalition this big in Quebec," said Heather Howard, a member of the Canadian Centre on Racism and Prejudice, one of the 80 groups in the coalition.

Montreal will be hosting an international conference on urban issues, over fifty delegations will be in attendance from various countries.

The delegation from the Conseil regional d'Ile-de-France (CRIF) includes Le Gallou, who is said to be the architect of the Front National's immigration policies.

The Front National has cleaned up its image in recent years, and now tries to present itself as a mainstream political party in France. Its policies however are far from tame. It advocates the repatriation of settled immigrants and their children, and it has suggested the internment of people who are HIV positive.

Jean-Marie Le pen the head of the Front National has called the holocaust, "a mere detail of history."

The city of Montréal has tried to distance itself from Mr. Le Gallou.

In a press release issued by the office of Michael Hamelin, chairman of the Montréal Urban Community (MUC) and one of the organizers of the conference, said that "the MUC does not endorse in any way the philosophy and the ideas of the Front National."

However the city maintains that Mr. Le Gallou is, "part of an important delegation of regional councillors of different political alliances designated for representing the CRIF in the Congres Metropolis."

Heather Howard of the Canadian Centre on Racism and Prejudice explained the nature of the opposition to the Front National,

"So far the coalition has written letters to the mayor and Mr. Hamelin asking them to join us in our actions," said Howard. "We are not trying to censor anyone, we are asking people to make use of their freedom of speech by denouncing the Front National and boycotting all of the events where the Front National will be speaking."

"Since 1993 is the year of intercultural and interracial harmony in Montreal, we also asked them to contact the delegation from France and ask them to exclude the National Front from their delegation," added Howard.

The Front National has already set-up camp in Quebec. Roger Alacoque, the leader of the Quebec chapter, was the initial informant of Mr. Le Gallou immanent arrival. He has stated that the Front National will be holding a meeting during Mr. Le Gallou's visit and will be prepared for any opposition.

According to Howard, Alacoque refered to skinheads as, "...good boys and sometimes allies.""

Opposition to the Front National has been growing steadily. The coalition has over eighty organisations and figures are rising. The McGill's Students' Society has added their opposition to the Front National.

The coalition initially began around August 14th, when the Heritage Front came to Montreal on a recruitment drive.

This summer members of the Heritage Front, a self-declared "racialist" organisation, attacked anti-racist activists in Toronto, Ottawa and Vancouver. They also were involved in a series of beatings in Toronto that left one Sri Lankan immigrant dead and another a parapaliegic.

With only one weeks notice, organisers drew a crowd of eight hundred to a protest march of the Heritage Front.

The Front National however, is also prepared.

The FN claims to have over 500 members in Quebec, and they plan to use their members and contacts to increase their numbers.

The Cercle Jeune Nation and the Cercle National des Français Residents a L'Etranger are both nationalist-far right groups that the Front National may have contacted.

The coalition will have a demonstration on Tuesday, September 21, 1993 at 17h. when they will march from Place des Arts to the Palais du Congres to welcome the Front National delegates. On Wednesday a larger demonstration will be held at Berri metro at 18h. where they will march to the meeting of the Front National.

Make your vote count

BY JOYA BALFOUR

As the federal election fast approaches, two questions are on the mind of first-time voters:

Am I eligible to vote?

How do I go about it?

If you are a Canadian citizen 18 years of age or older as of October 25, you can vote. Residential status in a riding does not apply in a federal election, so students from outside Québec may choose to vote here if they wish.

Elections Canada has established the voter enumeration period as Monday, September 20 — Sunday, September 26, 1993, during which time enumerators will be going door-to-door to gather the names of eligible voters. McGill residences are included in this process. If you miss the initial enumeration period, a revision period will be held from Monday, September 27-Wednesday, October 20.

The majority of McGill students live in three central Montréal ridings:

St-Henri-Westmount, running from Westmount to the west, Little Burgundy to the south and the McGill Ghetto to the east;

Notre-Dame-de-Grâce, encompassing the area west of Westmount;

Laurier-Sainte-Marie, including the Plateau Mont-Royal area.

The candidates' slate is as follows:

Current Members of Parliament running for re-election are indicated as follows: (MP)

St-Henri-Westmount:
David Berger, Liberal (MP)
Alain Perez - Progressive Conservative
Eugenia Romain - Bloc Québécois
Ann Elburne - New Democrat

Notre-Dame-de-Grâce:
Warren Allmand, Lib. (MP)
Maeve Quaid - Progressive Conservative
Gilbert Ouellet - Bloc Quebecois
Bruce Toombs - New Democrat

Laurier-Sainte-Marie:
Robert Desbiens, Lib.
Yvan Routier - Progressive Conservative
Gilles Duceppe - Bloc Quebecois
Alain Gravel - New Democrat

All questions and inquiries should be directed to Elections Canada at 1-800-267-VOTE.

COMMENT

YOUR BODY, YOUR HEALTH

I applied this summer for a job at the National Women's Health Network. My mother was overjoyed when I got the job; my stepfather grumbled: "Why do they need a network just for women's health? There should be a National Men's Health Network."

There is, Bob. It's called the health care system.

Have you ever tried to make some extra cash like your male buddies have done, by enrolling in a medical research study at the Royal Vic or at McGill? Check it out some time women, but let me warn you that you would make more money playing bingo.

Women are not sought out for medical research, unless the study deals with a specifically female issue such as menopause or PMS. I remember seeing one ad last year where female subjects were needed; the study was on eating disorders.

My point is that women's bodies are time and time again excluded from general medical studies, the result being that the male body functions as the norm in the health care system.

Questions of equality aside, no one can deny that the male and female body do not function in the same way- diseases manifest themselves differently in men and women, drugs which have no side effects in men may have devastating repercussions on the female body, etc..

Only recently was the definition of AIDS expanded to include those symptoms which occur in women. The numbers of women considered to have AIDS have since skyrocketed.

The leading killer of women in North America is heart disease. Yet the symptoms of heart disease in women, which are often different than those in men, are too frequently ignored or treated too late. Almost all large cardiology studies to date have used only male subjects.

Research into psychological disorders has also been biased against women. The common research model for depression is the learned helplessness behavior identified in rats....male rats.

We see it here in those ads in the back pages of the Daily, and we see it on a larger scale; the male body is the medical norm.

It is ironic that women's bodies are thus marginalized in the health care system, because women in our society are viewed as being inseparably linked to their bodily functions. Many women however feel that their bodies are strangers to them, confirming what Simone de Beauvoir said: "woman like man *is* her body; but her body is something other than her."

It is a vicious circle - the less we *know* about our bodies, the less we think to *ask* about our bodies. Consequently, our bodies are left out of medical research and so on...

So women, learn as much as you can about your body - read, investigate, get a speculum, get a mirror.

Go to the doctor armed with knowledge and with questions. Don't fall for the 'female hypochondriac' label which keeps us silent; you have a right to ask as many questions as you need, you have a right to know everything that your doctor finds out.

When you call for test results, speak to the doctor, not to the receptionist who may not know important details. Participate in any decisions if medical steps are to be taken.

Go to into the consultation room with a friend, a sibling, a husband - anyone you feel comfortable with. The doctor may not seem so intimidating if there are two of you there. Also, a friend may provide useful perspective on the situation and can ask useful questions which you may no think to ask.

Remember women, if we don't start taking our health seriously, we can bet that no one else will.

Liz Unna

LETTERS

To the Daily:

Hi ho Mitra Sharafi and those promoting the journal *The McGill Review of the Interdisciplinary Arts.* In your list of publishing opportunities available to undergraduates you neglected to mention one interdisciplinary journal that already exists, *Latitudes, McGill Journal of Developing Areas Studies. Latitudes* accepts submissions, concerning development, from any undergraduate at McGill, or other institution, and distributes its annual publication internationally.

Latitudes' scope is truly interdisciplinary having received submissions from such diverse fields as history, political science, economics, anthropology, nutritional sciences, environmental studies, religious studies, women's studies, and sociology. In fact, *Latitudes* invites submissions not only of papers but also of photo material or essays related to development.

For more information please contact Stefan Clulow at 282 7450, Louis Helbig at 284 7737 or drop a line at our new office in room 229 at the Centre for Developing Areas Studies on 3715 Peel; phone number 398 4887 or 398 3507.

Yours sincerely,

Louis Helbig

To The Daily:

I would like to thank Julie Crysler for her review of the Afternoon Cabaret Cafe (Poetry, Blood and Jarry in The Alley; McGill Daily Culture; Sept. 16, 1993). All of us involved in the Cafe are glad she enjoyed our show. However I would like to amend an omission in the artickle to the effect that Le Tango Des Vampires was conceived and choreographed by John Saint-Louis, and co-directed by Valerie Methot. Though I would certainly like to take credit for this wonderful piece, the only creative input I had was to build the prop, albeit a darn fine big black box on wheels it was.

Chris Bell
Psychology

HYDE PARK

Eat and Be Thin

An Opinion by Gila Bell, Lara Evoy, and Sita Kumar

When most people think of eating disorders the diseases anorexia nervosa and bulimia come to mind. What we wish to discuss are the less severe, but more pervasive afflictions which we feel *every* woman can identify with. Such common symptoms as a preoccupation with food, or obsessive eating patterns could point to a more significant eating disorder such as self-inflicted starvation.

Is there a day that goes by where the thought of how much you have put into your mouth has gone unnoticed? How many times have you gone to bed starving, but relieved that you had made up for eating that extra piece of pizza the night before? What about a diet? Or fasting? Or signing up for another aerobics class to compensate for the lazy days of summer? We don't consider this to be abnormal behaviour. Most people don't. In fact, this kind of behavior is almost an inherent part of being a woman.

Increased preoccupation with food and food related behavior; changed food habits (increased consumption of coffee, tea,

gum, diet drinks, and high fibre low calorie foods); emotional changes, mood swings, anxiety, depression; binge eating when food is present; gastro-intestinal problems, constipation, bloating, gas; hypothermia (reduction in the body's ability to maintain heat); amenorrhea (loss of menstration, or irregular cycle).

How many women have encountered some, if not most of these symptoms? And how many women are aware that these symptoms could be the result of a state of starvation? The point is to make women conscious of the fact that our daily eating habits are not as healthy as we may think they are. Just because I'm not bulimic or anorexic doesn't mean I don't have an eating disorder. And just because many of my other women friends have similar eating habits, but do not question them, doesn't mean that there is not a problem. The truth is that many women just don't care about eating healthily. What we look like takes precedence over how we are nourshing our bodies, and in turn, our minds. By not caring, or striving to resemble dominant/Western society's image of the "perfect woman", we are inadvertantly contributing to the societal pressures which shape us. Though we may scorn those androgynous, ultra-thin models we come face to face with through the media, we still criticize other women for eating too much, we still wish we could only be one size smaller.

We are not denying the tremendous social pressures women feel to conform to the inaccessible image of the "ideal woman", à la "Twiggy". What we are saying is that the co-optation of this "ideal image" by women themselves, consciously or unconsciously, is what is most self-destructive. Eating disorders affect all women, not just the percentage of women who are anorexic or bulimic. It is therefore imperative that we question how we act and how we voice ourselves towards others on this issue.

...LETTERS

SINCE • 1911
Vol.83 No.6

 Printed by Interhauf Developments Inc., Montréal, Québec.
The Daily is a founding member of Canadian University Press, Presse étudiante du Québec, Publi-Peq and CampusPlus.
Printed on 20% recycled paper. ISSN 1192-4608

Editorial Offices:
3480 McTavish St., Montréal, Qc., room B-03, H3A 1X9

Business & Advertising Office:
3480 McTavish St., Montréal, Qc., room B-17, H3A 1X9

editorial: (514) 398-6784
business/advertising: (514) 398-6790
fax: (514) 398-8318

co-ordinating editor: Dave Ley
news editors: Liz Unna, Afra Jalabi, Kristen Boon
culture editors: Melanie Newton, Pat Harewood
features editor: Dave Austin
science editor: Kristin Andrews
layout & design editors: —
daily français: Marie-Violaine Boucher
photo editor: Marie-Louise Gariépy
liaison editor: Zack Taylor

contributors:
Kristen Peterson, Tanim Ahmed, Hassan Karrar, Kevin Hagen, Nicole Pichard, Ahmer Qadeer, Rima Banerji, Joya Balfour, Catherine Cohen, Alissa Maynard, Michael Laszlo, Mitra Sharafi, Donna Forde

business manager: Marian Schrier
assistant business manager: Jo-Anne Pickel
advertising managers: Boris Shedov, Letty Matteo
advertising layout & design: Robert Costain

THE McGILL DAILY

Obsessions with food

What are eating disorders?

BY NICOLE BICHARD

Guilt, shame, helplessness, self-loathing - the sufferer of an eating disorder not only recognizes these emotional spectres, but knows them intimately. She feels them within herself as she manipulates her appetite and her body, and she lives with them every day.

Anorexia, bulimia, and compulsive over-eating are all obsessive-compulsive disorders, referred to collectively as eating disorders.

Victims of eating disorders, of whom 95% are women, are found worldwide, and in all walks of life. According to many studies, eating disorders prevail among young women on college and university campuses.

Self-starvation

The symptoms and behavioural signs of different types of eating disorders are complex and often overlap.

Anorexia is characterized by self-starvation, the drastic restriction and reduction of food intake. The anorexic often has extensive and complicated "rules" about what, when, and where she will allow herself to eat. Typically the anorexic loses a great deal of weight over a short period of time, and often feels cold, tired and dizzy.

Bulimia is characterized by binge-eating (eating a large or relatively large amount of high calorie foods in a short period of time) followed by purging. The bulimic may force herself to vomit, use laxatives or diuretics, over-exercise, or fast. Unlike anorexics, bulimics tend to be of average or near-average weight and not overly thin.

The compulsive overeater binge-eats, as does the bulimic, but does not purge herself of the "unwanted" food. She is often involved in constant dieting attempts. While the bulimic and the anorexic fear becoming fat, the compulsive over-eater uses food and "fat" essentially to create a protective layer around her.

While the physical symptoms of anorexia, bulimia, and compulsive over-eating differ, the psychological symptoms are often very similar. A woman suffering from an eating disorder feels inadequate. Through the manipulation of food and therefore of her physical self, she tries to exert some control over her life.

This control is highly deceptive and dangerous. The sufferer of an eating disorder is in a world of her own. Refusing to eat a meal, or being "able" to rid her body of "the enemy" food, makes her feel that she is in control, and in some way superior to others who don't have that "control" over their bodies. She feels the power rush and the high of defeating hunger, yet is slipping further from a healthy perception of reality. In truth she is being controlled by her obsession.

Behind the problem

The psychological causes of food-related obsessive-compulsive behaviours are a matter of great debate, and for every sufferer a highly personal matter. The "root of the problem" differs with every individual. Societal factors seem to link the occurrence of eating disorders with the fact that, particularly in Western societies, women are under tremendous pressure to be thin.

In the words of one anorexic ". . . women operate in a men's world and no matter how accomplished you are, or how good you are at anything, you have to look the part of the beautiful woman, the model thin woman. You have to be perfect-looking."

Some experts claim that anorexia in particular is an attempt to deny female sexuality. In the throes of the disease, menstruation stops. The sufferer looks like a prepubescent child, with undeveloped breasts and virtually no trace of the curves associated with a fully adult, sexual woman.

Sexual abuse and eating disorders also seem linked. After being a victim of sexual abuse, a woman's body may become a source of shame. An eating disorder can become a vehicle for 'purification', or alternately, a means of punishing herself for an attack she perceives as her fault.

The tyranny of an eating disorder has a devastating effect on the sufferer's friends and family, who often feel helpless as they watch her endanger her health and become trapped in distorted perceptions. Friends and family can be a great source of strength for the recovering anorexic, bulimic, or compulsive over-eater, but the line to tread is a fine one.

Since control is a major issue for women with eating disorders, even the slightest outside hint that something may be wrong can become a threat to the tenuous link to control she feels she has.

Recovering from eating disorders

How then can eating disorders be treated?

Again, the answer is dependent on the woman herself. Some sufferers find that individual counselling with a psychologist or psychiatrist benefit them the most.

"... women operate in a men's world and no matter how accomplished you are, you have to look the part of the beautiful woman."

Others turn to self-help and support groups or to arming themselves with knowledge gleaned from literature on the subject.

As with other obsessive-compulsive behaviours, the first and essential step is recognition of the problem, coupled with a desire to change. The process of recovery from an eating disorder involves facing issues in the woman's life that are deeply rooted in familial, social, cultural and personal experiences.

The road to recovery can be long, but through different forms of therapy, a sufferer can come to accept her body the way that it is.

Women can learn to view their bodies not as a reason for shame and guilt, but as a cause for celebration.

The following groups and services at McGill and in Montreal offer information, support, and referrals for sufferers and their friends and families. A more extensive resource list can be obtained at the McGill Sexual Assault Centre.

- McGill Sexual Assault Centre (self-help group) 3480 McTavish, Rm. 310 398-2700

- Anorexia and Bulimia Foundation of Quebec 870-7398

- Concordia Women's Center 848-7341

- Centre des Femmes de Verdun 767-6384

- Douglas Hospital — Eating Disorders Program Dr. Pierre Liechner 761-6131 local 2895

- Montreal General Hospital — Behaviour Therapy Service 934-8034

- National Eating Disorders Information Center (416) 340-4156

A new definition of AIDS

BY SUSAN ROOP

Just when you thought you had finally come to an understanding of what AIDS is and how you can contract HIV, the Symptoms Centre for Disease Control (CDC) in Atlanta has expanded the definition of AIDS. How can this be possible, you might ask, what more needs to be included? The answer is clear, and the results are astonishing.

For years AIDS was largely categorized as a "gay man's disease". But we all know by now that the HIV virus does not seek out "gays" or "blacks" or even uniquely "males". It is a virus which can develop into a fatal disease and which can kill any member of the human species, regardless of their race or gender.

In an article last spring, the *Daily* informed you that health officials consided expanding the case definition of AIDS to include women's symptoms. The Federal Surveillance Coordinators of Canada met last February to discuss the spectrum of HIV beyond AIDS to better predict and prevent AIDS among women.

By July 1st, 1993 the current surveillance case definition of AIDS had been officially updated to include three newly recognized symptoms which appear in the presence of HIV. These three conditions, declared by the CDC, are: pulminary tuberculosis, recurrent bacterial pneumonia and invasive cervical cancer.

The former indicators were included to resolve concerns about underestimating AIDS in women, injective drug users, and others.

Prior to the anouncement of these additional "indicators", detection of AIDS in women followed the guidelines set out for men. The appearance of karposis sarcoma and pnumo-cystic carinis pneumonia, which have been commonly relied upon to diagnose AIDS, are primarily manifested in HIV positive men.

By the time most women were diagnosed, the disease had often progressed quite significantly, and women were dying three times sooner after being diagnosed with AIDS than men.

"Men generally survive longer because when they are

continued on page 10

Silicone sisters

The beauty myth gone rabid

BY LIZ UNNA

Breasts are everywhere, on TV, on magazine covers, on billboards, everywhere. The underlying message is, the bigger they are, the better you'll look and the happier you'll feel.

A 1982 statement from the American Society of Plastic and Reconstructive Surgeons sums up the message fed to women every day. It states that "small breasts.. are deformities (that) are really a disease which in most patients result in feelings of inadequacy, lack of self-confidence, distortion of body image and a total lack of well-being due to a lack of self-perceived femininity."

Silicone - the "wonder cure"

The solution to this unfortunate "disease" is the miracle of modern-day technology, or more specifically, silicone. This 'wonder'substance was first used in WWI as a coolant for electrical transformers. After the war, liquid silicone was used for breast augmentation, injected directly into the breast tissue.

America quickly picked up on the idea and, in the sixties, developed a silicone casing to contain the silicone gel. This method was prefered to the earlier liquid silicone injections which often caused the breast tissue to die, resulting in amputation of the breast.

Silicone gel implants have been available for breat augmentation since 1962. There are now between 1 and 2 million women across North America with breast implants — 80% for augmentative purposes and the other 20% for reconstrutive surgery, after breast cancer, for example.

Many of these women are satisfied with their implants. Many of them, however, have reported severe health problems to a US breast implant Medic Alert Registry. These problems include auto-immune disorders (such as lupus and scleroderma), neurological damage, and chronic fatigue syndrome. Symptoms range from joint pain and stiffness to memory loss, infertility, burning sensations, development of allergies and chemical sensitivities.

Exact figures as to how many women have suffered side-effects from their implants are not available. Nor is quantitative data which conclusively links silicone to auto-immune disorders. Many women, however are convinced that their health problems are related to their breast implants.

To date, no reliable scientific studies have been completed documenting either the risks of silicone exposure or the incidence of implant rupture and/or leakage.

This means that silicone implants have been used on women for over 30 years without an adequate assessment of their long term safety. Thomas Talcott, an ex-employee of Dow Corning, the largest implant manufacturing company, is quoted in a 1992 *New York Times* article as saying, "Dow Corning and the plastic surgeons have conducted a massive experiment on women, under the guise of selling a commercial product."

Marsella Tardif is a Montréal woman who had silicone gel foam-covered implants after breast cancer in 1991. She is furious over the lack of information that was supplied to women about implants. "We were the guinea pigs," she said.

Tardif has since had the implants removed due to severe complications. She claims that she received no information about possible side effects before implantation.

"I never even saw the implant before it went in. We were never allowed to choose, we were never given the two sides of the story so that we could make our own decision. It's like with any product, a box of cereal - you read on the package what's inside, you eat it, and it's your responsibility. With this, we were given no information."

Implants removed from market

The US Food and Drug Administration (FDA), which only gained regulatory power over medical devices in 1976, ignored warnings for at least a decade from women, doctors, health groups about the need to test implants for safety and effectiveness. They didn't initiate an inquiry until 1988, when a Dow employee testified that the manufacturers were hiding safety information from the FDA.

Documents from as early as 1975 reveal that studies conducted on rabbits found silicone gel to cause acute inflammatory reactions in the laboratory animals.

> **"small breasts are deformities which result in distortion of body image and a total lack of well-being due to a lack of self-perceived femininity."**

Another worry has been potential problems associated with leakage. (All silicone implants bleed small quantities of gel.) Reports show that Dow salesmen were told to wash the implants before showing them to surgeons, in order to hide the leakage.

In April of 1992, the FDA put out a moratorium on all silicone gel filled implants. Now, they are only available to women needing reconstructive surgery and to women enrolled in clinical trials.

Canada followed suit in January 1992. A "compassionate use regulation" allows for certain women to receive silicone implants, according to JoAnne Ford of Health and Welfare Canada.

The difficulty, says Joyce Attison, founder of the Breast Implant Line of Canada.who had her implants removed in 1992, is establishing what these compassionate grounds are. "Who can deem compassion when you're putting poison into people's bodies?" she asks.

Saline still available

Although silicone implants are off the market, implants filled with saline solution are still available. Since January 1993, the FDA has been hearing testimony about the safety of saline implants and there is some speculation that a moratorium will soon be placed on these implants as well.

Not so in Canada. Here, saline implants are marketed as a positive alternative to silicone gel filled prostheses.

"Saline implants are different from silicone ones,"says Ford. "The silicone sac (saline implants are encased in a rubbery silicone shell) will not cause problems with the body. The salt water solution is compatible with the body and if it leaks, it will not cause problems."

I spoke to several people at offices of plastic surgeons here in Montréal about the safety of saline implants. I was told they were perfectly safe.

"They're not dangerous. If they were, no surgeon would be allowed to do this surgery," I was told at one office. "It's salt water. After a few years, water could come out of the prosthesis, that's the only bad thing."

Tardif firmly disagrees. "Saline implants have the same outer shell as silicone ones," she counters. "They have all the same risks, as well as some extra ones."

Besides the possibility of implant rupture and capsular contracture (scar tissue forming outside the implant, causing rock hard, painful breasts) which are associated with all implants, saline implants are susceptible to microbacterial growth. The National Women's Health Network in Washington has heard from many women with fungal infections at the site of their saline implants. Furthermore, the silicone shell may have long term damaging effects on the body.

Again, little concrete data is available to conclusively attribute these side-effects to the implants.

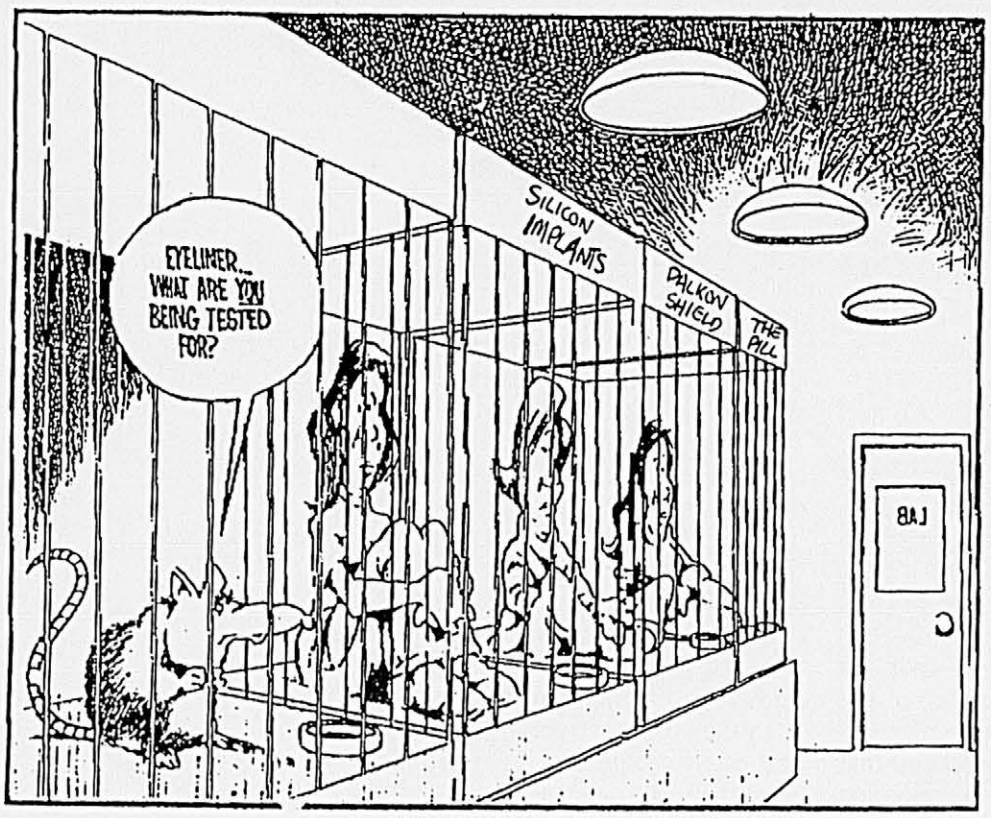
Blaming the victims

Women with implants are often blamed for health problems which arise from implantation.

"I received alot of public condemnation for what I did. I had cancer, I never wanted to be Miss America, I just wanted to be me - with breasts,"says Tardif. She stresses that women should not be condemned for getting implants. Rather, one should try to understand the mechanisms behind the whole situation.

Misinformed and misled by incessant 'beauty myth' images, women seem to be caught in a bind. They are bombarded with images of the ideal body, with breasts the embodiment of all that is feminine. They are then offered the product to achieve 'perfection' with fairy-tale facility. When the product screws up, it is the women who are blamed for being vain.

This is not to say that women are incapable of making intelligent decisions. Absolutely the opposite. Just make sure they have all the information necessary to make **informed** decisions.



Tamoxifen: Cancer Prevention or Substitution?

BY MITRA SHARAFI

This year 15,000 Canadian women will be diagnosed as having breast cancer. 5,000 will die of the disease.

Known risk factors include having a close relative with breast cancer, early menstruation, late menopause, and giving birth either late in life or not at all.

But at least 60% of the women who develop breast cancer this year will have no indications of these.

The figures justify the ever-present fear of breast cancer, especially since the overall breast cancer mortality rate - 27 deaths per 100,000 - has remained the same for 50 years.

Breast cancer prevention?

A study recently sanctionned by the US National Cancer Institute (NCI) is now researching a possible way of preventing breast cancer.

The study, conducted by the US National Institutes of Health will determine whether the anti-estrogen drug tamoxifen prevents breast cancer. In 1992, NIH began recruiting 16,000 healthy Canadian and American women for a ten-year, $70 million study called the Breast Cancer Prevention Trial.

The trial, however, is highly controversial because it carries significant risks for women. It constitutes the first time in modern medical history that a drug with known side-effects is to be administered to healthy subjects.

Known risks

Tamoxifen has been proven to delay the recurrence of breast cancer in 30% of breast cancer patients, adding an average of two years to a cancer patient's life.

Minor side effects include nausea, hot flashes, vaginal discharge, menstrual irregularities, depression, insomnia, and loss of sex-drive.

More significantly, studies have found that tamoxifen causes liver cancer in rats 16-30% of the time and liver changes in all species tested. As well, there is a five-fold increase in the risk of developing endometrial cancer, or cancer of the uterine lining, and the increased risk of thromboembolism, or blood-clotting.

The bottom line is, tamoxifen is not benign.

Weighing one risk against another

The women enrolled in the study, over the age of 35 and considered at high risk, will be divided into a placebo group and a tamoxifen group. This group will be given the same dose of tamoxifen as it is administered to breast cancer patients.

In Montréal, the tamoxifen trial is being conducted at the Royal Vic, Montréal General, the Jewish General, Hôtel Dieu and Saint Mary's. McGill is involved through its teaching hospitals.

For women debating on entering the trial, the use of tamoxifen presents a difficult dilemma.

Women must consider the nonexistance of any studies on the long term effects (more than 10 years of usage) of tamoxifen. Another consideration is fact that tamoxifen is often successful in postmenopausal cancer patients. Its effects on premenopausal healthy women, whose hormonal patterns are completely different from those of postmenopausal women, are yet unknown.

This is the first time in modern medical history that a drug with known side-effects is to be administered to healthy subjects.

Most importantly, these women must weigh the statistical possibility of developing breast cancer against their chances of developing liver or endometrial cancer while taking tamoxifen.

In short, they must choose how they wish to risk death.

Opposition to the trial

A member of the Advisory Committee of the Food And Drug Administration estimates that if the proposed prevention trial of tamoxifen were conducted, an equal number of women would get blood clots and endometrial cancers as would have their breast cancer suppressed.

The National Women's Health Network opposes the tamoxifen trial on the grounds that it is "premature in its assumptions, weak in its hypothesis, questionable in its ethics, and misguided in its public health ramifications."

Dr. Rosamund Mondeville, professor of oncology at the Université de Québec and Associate Professor at the Université de Montréal, has spent the past six months investigating scientific research on the use of tamoxifen.

She feels that the tamoxifen trial is "too hasty," adding that "we do not know how toxic tamoxifen is."

She points out the little known fact that the endometrial cancers associated with tamoxifen produce primary, not metastatic, tumours. This means that the cancerous growths in the uterine lining are not the results of a woman's breast cancer, but have developed independently. The implication is that the tumours are tamoxifen-induced.

Dr. Mondeville also explains that tamoxifen only delays the recurrence of breast cancer and does not prevent it. After several years, a woman's body builds up a resistance to tamoxifen, which renders the drug powerless to block the action of cancerous cells. By extension, same resistance would be developed in the body of a healthy woman - meaning that breast cancer would not be prevented for any period of time.

Non-interventionist prevention

The National Women's Health Network, as well as several cancer support groups, is frustrated by the lack of research on natural and healthy, as opposed to chemically toxic, means of cancer prevention.

Evidence suggests a causal relationship between breast cancer and a high fat diet or the lack of exercise, but no clear dietary guidelines have been scientifically confirmed.

Sharon Batt, a founder of Breast Cancer Action Montréal, insists that women would change their diet and lifestyle to prevent breast cancer if more research establishing a link between diet and breast cancer was done.

Batt states that the tamoxifen trial is the most expensive cancer trial ever conducted. The drug's manufacturers are donating the tamoxifen required for the study, but normally tamoxifen costs $80 per month.

"Clearly tamoxifen manufacturers have a vested interest in this study," says Batt.

Fundamentally, the tamoxifen debate revolves around certain questions: Is the medical establishment being too confident in disregarding the natural workings of the female body? Will not altering one facet of the female endocrine system throw off other aspects as well? And if so, is the initial alteration worth the resulting slew of side effects?

It seems understandable to approach these questions with a great deal of uncertainty and reservation, yet the tamoxifen issue has forced many to confront them head on. In the words of Dr. Mondeville, "The tamoxifen experiment is being tackled too quickly. We have to slow down and think about what we are doing to women."

Blaming others for AIDS

by Pat Harewood

Finally, a book that recognizes the connection between AIDS, race and gender — a book that goes beyond senselessly targetting any one community (be it gay, Haitian or Hispanic) for a disease that we know very little about.

Blaming Others is, without a doubt, a breakthrough. Focusing on AIDS in relation to people of colour in their specific cultural contexts, the book deconstructs the stereotypes that have plagued so many already oppressed groups.

Whether through media sensationalism or racist government policies, people of colour from Haiti, Zaire, Zimbabwe, Uganda, El Salvador and countless other countries, have too often been depicted as promiscuous disease-carrying beings.

Through the use of statistics, academic essays and most importantly personal stories we learn that blaming others for AIDS only hinders progress in education and research. This diverts attention from the battle these people are facing on a daily basis.

The first half of the book examines the issue of AIDS in relation to race. Although the disease itself is not race specific, poor economic conditions often related to racism do affect some groups more than others.

With fewer resources to survive on, people of colour may not have access to proper health care facilities, making them more prone to disease and infection. For example, in the US, a Black or Hispanic person is three times more likely to have AIDS than a White person.

And the situatuation worsens when dealing with women of colour. In fact, black and hispanic women alone account for 71% of all women with AIDS. A black woman is 13 times more likely to have AIDS than her white sister. Once a person of colour has contracted AIDS, she/he will have a total of 19 weeks to live, as opposed to a white person who has an average of two years.

The same conditions apply to people of colour in the "third world". Many African countries cannot even afford to spend money on health care, research or educational programs, thus increasing people's risk of contracting the disease. From the AIDS resource index provided in *Blaming Others*, one is able to get a good idea of the economic stability of various areas. Countries like Uganda may only be able to allot as little as 1% of its resources towards fighting AIDS, while other countries like Sweden can afford to allocate as much as 71% of its resources.

There are also cultural differences which determine how resources should be allocated. In Zaire, lengthy funerals for the dead may end up consuming all of a family's earning for the year.

In addition to an economic disadvantage, people of colour have also been blamed for the origin of AIDS. The theory of AIDS being sexually transmitted through green monkeys to African people, however ridiculous, has been supported by various Western "academics".

Thus, the second half of the book is especially relevant as African teachers, journalists and street-people are given a chance to respond to these "theories" in their own voices. The result is a thorough deconstruction of these myths and a re-evaluation of how to deal with AIDS specifically in relation to various communities.

Polygamy is a commmon practice for the Waarusha tribe of Tanzania. Therefore, even measures to tackle AIDS by tellling people to have one partner seem particularly foreign to them. The book sites various examples of countries that have used different methods to prevent the spread of AIDS, such as the "zero grazing" slogan used by Kenyan educators. This simply means that people should be faithful to the partners that they have, thus reducing the possible spread of the disease.

The book is weak in that it does not show the economic disparities between different groups within countries like South Africa or the US which is necessary to understand how one's economic position is influenced by one's racial heritage.

Nevertheless, although *Blaming Others* does not provide any solutions to the problems of AIDS in relation to people of colour, it does make it clear that AIDS cannot be fought as a single issue. Other issues such as poverty, racism and malnutrition must all be dealt at the same time, if there is to be any change at all.

After all, AIDS knows no race..

Health Care

continued from page 1

Large projects have also been undertaken suspiciously close to election years. The Centre Hospitalier de L'Archipel at l'Ile de la Madeliene opened its doors last week at a cost of $40 million.

This abundant allocation to non-urban areas is seen to be unjustified in light of the user fee proposals. "Doctors in Montréal are worried about hospital under-utilization in rural areas." said Travis.

Creuss however defends the province's support of rural areas. "The money in rural areas was well used, and has corrected a democratic inequality in the system. We don't begrudge it. Not at their expense."

DAILY PHOTO: THOMAS WHITE

A Symbolic Debate

Québec, followed closely by Alberta, is the strongest advocate of user fees. However under the Canada Health Act the implementation of these fees is prohibited. While there are no plans at present to reform the Act, Kim Campbell has suggested user fees be further investigated.

Stoddart suggests the debate is more about power than policy. "This is a policy discussion which is primarily symbolic regarding the Canada Health Act. Québec seems to be using this as a way to challenge the federal government."

Reform Options

Ouillet emphasized that the ministry of health recognized that user fees are only one of many ways to restructure health care in Québec.

Other alternatives are more palatable, Creuss suggested taxable benefit schemes which would operate on a progressive income scale.

Yet the best option may well lie in the western examples. Stoddart cited B.C.'s development of clinical guidelines as a concrete way to distinguish essential from non-essential services. For example, rules limiting requests for repeated ultrasound in low risk pregnancies would remove unnecessary demands on the health care system, while not penalizing the poor.

You don't have to face it alone

BY THE SEXUAL ASSAULT CENTRE OF MCGILL

How do you define sexual assault? The Sexual Assault Centre of McGill's Students' Society (SACOM) defines this as any unwanted act or attention of a sexual nature.

In other words, sexual assault includes anything that makes you feel uncomfortable, or that you feel violates or invades your personal space or environment.

We are talking about a continuum of sexual violence, abuse and assault that ranges from catcalls, to harassment from friends or superiors, to rape. Because this is a social reality that we all must confront daily, **we are here for you.**

We would like to take this opportunity to introduce our services. Trained volunteers are in our office from 9am to 6pm Monday to Friday, to respond to your questions, concerns or suggestions. If you would prefer to visit the Centre, we are located in Room 430, of the Shatner Building. The Centre can also assist you with any legal questions or concerns you may have.

We also provide an Outreach Program which helps to raise social awareness and dissolve the myths regarding sexual assault. This is an open discussion which gives everybody the opportunity to share their concerns and opinions in an informal and comfortable setting.

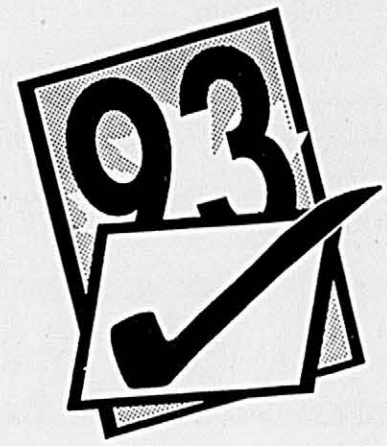
If you are looking for a more collective support system, the Centre also offers facilitated self-help groups that may meet your needs.

Watch for our special projects and special events, and check out our myth-of-the-day section in the Daily.

Please don't hesitate to call us or drop by with any questions. We are an apolitical and completely confidential service that welcomes all. **We are here for you.**

Co-coordinators: Astrida Neimanis & Sonia Goswami
Outreach Coordinator: Megan Stephens
Ombudsperson: Jennifer Cowan
Special Projects: Jennifer Ross
Finance/Secretary: Hilary Schwartz

Improbability Drive



A McGill student runs for parliament

BY MICHAEL LASZLO

Have you ever reflected upon the insignificance of a single crummy vote in the election? Wouldn't it be much better to become a candidate yourself, with your own platform, your own ideals, and have other people vote for you?

One McGill student has done just that.

David D'Andrea, a fourth-year student majoring in psychology, has now taken the political initiative into his own hands. In October he will be contesting the federal parliament riding of St. Leonard as the NDP candidate.

We asked him about his political activities in relation to his status as a McGill student, and about his views on Canadian and global politics in general.

McGill *Daily*: How did you become involved in the NDP?

David D'Andrea: I've been at NDP McGill since my first year, so I guess this is my fourth year—I'm getting old. I'm active in the NDP, and I go to the conventions.

I'd like to know about the nature of your constituency, and what you estimate your chances to be.

It's basically a working-class residential district northeast of Montreal. Of course the NDP isn't doing very well in Quebec—traditionally this hasn't been our stronghold. But we're giving it our best shot.

So is the purpose of your campaign to get elected, or is this just an exercise?

I can tell you straight off the bat that I didn't do this because I expect to get elected. I'll be happy if it happens, although I'd have to drop out of school and go to Ottawa. But the purpose is mainly to present the platform in St. Leonard. If you look at the other two candidates, they're running on personality, not issues. There's sort of an old-boy network in place there, and in this sort of situation it's really important to get the message out.

Do your political activities affect your position as a McGill student?

In a very direct way, they cut into my time for studying. The election will be held at the end of October, so presumably it'll be over before mid-term exams—or is that after? Whatever. I'm not even thinking about that now.

And conversely, does the fact that you are a McGill student affect your political viewpoint in any way?

Well, certainly, as a McGill student I hold students' interests very much to heart. I was very disappointed at the Ontario NDP government—they don't seem to be respecting students' needs as well as they should be. I honestly think that if I get elected, I won't go in there with a hidden agenda, I won't expect to retain power for twenty-five years and get the Senate seat. I'll be going in there to promote what I believe in, and to make life easier for students.

Do you like anchovies?

No, I really don't like anchovies. You may see the other political parties waffling on this issue, but I'm not afraid to take a stand.

Do you believe that academia has the potential to be an effective force in Canadian politics?

Well, looking at McGill students, I'd say that they're a politically apathetic lot compared to, for instance, Concordia students. Still, I think that most students are more aware of issues than the general population, and more active in politics. Definitely the experience of going through university in the 1990's is enough to politicize people. Frankly, we're getting screwed over by the government pretty badly.

Why is the NDP government extremely unpopular in Ontario?

If you look at the other two NDP governments, in Saskatchewan and British Columbia, they're doing alright. The Ontario government's unpopularity is due to the poor economy, and that is largely the responsibility of the federal government. The population is starting to get pissed off.

So we have an electorate, pissed-off as you say, moving away from the status quo, the Conservative government. Now why do you think the NDP is having to battle the recently-created Reform Party for third place in Canadian politics?

The Reform Party is a new face on the block, and it's offering what looks like a populist platform. If you look deeper into their policy, they are actually very similar to the Conservative Party. And you can't neglect the fact that the Reform Party is based in the West, where it has a lot of xenophobic, anti-immigrant, frankly racist support. In times of economic downturn, a lot of people find this attractive. People are looking for radical answers—that's how the Nazi Party came to power, in a depressed economy.

What are you going to do next?

Well, we're going campaigning right now. We don't have a huge budget, as you may have guessed. It's actually a little hard, because you look at the St. Leonard newspapers and you see these three-page ads from the Conservative Party. The Tory candidate is the son of a prominent businessman—they're running on money, they're running on image. We don't even have the choice of doing a slick ad campaign like that. But that's not what I'm here for. I'm a student, I'm concerned about things, and if people agree with me they'll put an X next to my name. You won't see any huge billboards of my face smiling down on you.

diagnosed, they are less sick at the time than women," said Dr. Robert Remis, a medical epidermatoligist with the Montréal General's Centre for AIDS Studies.

Due to this expansion in the definition of AIDS, the number of women now diagnosed with HIV is expected to skyrocket. A recent World Health Organization report stated that AIDS is the leading killer of women in 9 US cities.

Other statistics to support this are unavailable at this time, because Health and Welfare Canada only do quarterly updates on the AIDS surveillance. As the last update came out on July 1st (same date as the case definition change) statistics reflecting the 3 new indicators will not be available for another month.

Nonetheless, the facts from July still hold as good references for concentrated areas and common risk factors for women in Canada. Keep in mind that these numbers will be much greater now that the definition of AIDS is more inclusive for women.

Of the 427 women known to have AIDS in Canada, 137 (32%) of them are in our age group, ages 20-29. Of these, 82 have died (60%). Sure, 427 women with AIDS in Canada does not seem nearly as terrifying as the 6000 positive men with AIDS in Canada, but there is still every reason to take precaution in your sexual and drug behaviours.

In April 1993 Quebec had the highest rate of women with AIDS in Canada, with 236 infected women, compared to 126 in Ontario, the next highest rate. Taking into consideration that we are in a highly infected age group, we must force ourselves to realize that we're not safe.

"There are no high risk groups, only high risk behavior," says Julien Falutz, director of clinical research at the Montréal General's AIDS Clinic.

Men and women are equally responsible for safer sex practices. Some men may take offense and feel threatened if asked to wear a condom. Similarly a woman who is trying to change her sexual practices to protect herself may unintentionally invoke anger and rejection from her partner.

If you are in a relationship where you don't have the power or control to insist on safer sex practices, you should take the issue seriously. It is your life you're risking here, not the relationship.

There are women's centres who may be able to help you: AIDS Services for Women, 954-0170 and Head & Hands, 481-0277.

You may also wish to go with your partner for HIV or other STD testing. If you're a full time student at McGill you can get anonymous testing done at the Student Health Services. Call first to make an appointment with either a nurse or a doctor, 398-6017.

You can also be tested anonymously at the AIDS Services for Women, 954-0170, the CLSC Metro, 934-0354, or at the Committé SIDA Aide Montréal 282-9888. ●

EVENTS

McGill Varsity Squash Tryouts: Monday, Sept. 19 to Thursday every night from 7 to 9pm at the Currie Gym Squash Courts. All are welcome. Info: Andrew Thompson 844-9937, Graham Burt 499-9054.

McGill Students for the Ethical Treatment of Animals will be having our first general interest meeting today, Monday, September 20th, at 4:30pm in the Shatner Building room 425/426. Everyone welcome.

Support group for Women with Eating Problems, Tues., Sept 21, 7pm Shatner room 430.

Interested in joing an organic food coop and or exposing the social and encironmental costs of our food choices? Come the first Global Cooperation Network meeting, Thurs, Sept 23, 5:15pm Eaton room 501.

Free French Couses for new Immigrants The traditional Chinese Culture Society is accepting registration for free French courses for all new immigrants (within three years) in September 1993 sessions. To choose the most suitable course, early registration is necessary. For more information, please call the Society today at 529-6666. In collaboration with the Ministère des Communautés culturelles et de l'Immigration.

The first Women's Union meeting is Monday September 20 at 5:30pm. Wanna staff volunteer, hang out? Union 423. All women welcome.

Join the Mcgill Alpine Ski Team and Club. Pre-season training weekly MTThF, 5pm, Molson Stadium field. Open to all! For more info: University centre room 401.

SSMU Blood Drive starts today, Shatner Ballroom 10-5pm. Help us reach 3000 pints!

The McGill Volunteer Bureau will be holding its first general meeting in Shatner, room 435 at 7pm. Come by to fing out what we're all about and how you can get involved! All students are welcome!

Black Student's Network Social, 6pm, Wed, Sept 15, Shatner 425

LAGEM: Lesbian and Gay Employees of McGill will meet at 6pm at Thomson House. Welcome to all.

Ads may be placed through the Daily Business Office, Room B-17, University Centre, 9h00-14h00. Deadline is 14h00, two working days prior to publication.
McGill Students (with valid ID): $3.50 per day, 4 or more consecutive days, $2.75 per day ($11.00 per week). McGill Employees (with staff card) $4.50 per day, 4 or more consecutive days, $3.75 per day ($15.00 per week). All others: $5.00 per day, or $4.25 per day for 4 or more consecutive days ($17.00 per week). *Extra charges may apply, and prices do not include applicable GST or PST.* For more information, please visit our office in person or call 398-6790 – **WE CANNOT TAKE CLASSIFIED ADS OVER THE PHONE.**
PLEASE CHECK YOUR AD CAREFULLY WHEN IT APPEARS IN THE PAPER. The Daily assumes no financial responsibility for errors, or damage due to errors. Ad will re-appear free of charge upon request if information is incorrect due to our error. The Daily reserves the right not to print any classified ad.

1 - Housing

Room to Rent in condo. Furnished, facing Metro. 15 mins. from McGill $325/month. Negotiable. 288-0016. After 6 p.m. 769-2858.

Beautiful, spacious 5½ to share. $285 per month, everything included. Great location at 3429 de Bullion at Sherbrooke. 10 min. to McGill. Stephan 285-1589.

Roommate Wanted: Male or Female. Huge apt. to share w/ two other students. 10 min. from McGill and Concordia. Call Aram: 931-0594 or Michel: 938-0531.

One Large Bedroom available at Lutheran Parsonage with computer/printer, garage, washer/dryer, $250. For info call 272-8570.

Roommate wanted to share 4½ on Lincoln near Metro Guy. Clean, safe, big, $330. Call 931-6139.

ROOM FOR RENT $300 per month, heated, 9 month lease, great location (McGill Ghetto), private bathroom, hardwood floors, high ceilings, Mike or Joe 843-3619.

Verdun Apts 1½, 2½, 3½, 4½, fridge, stove, heat & hot water included. $320-$475. Call 390 Rielle 766-7198, 830 Gordon 761-7409.

2 - Movers/Storage

Moving/Storage. Closed van or truck. Local and long distance. Ott-Tor-Van-NY-Fla. 7 days 24 hours. Cheap. Steve 735-8148.

3 - Help Wanted

Organist for folk and liturgical services at Lutheran Church. For info call 272-8570.

Models Needed. All ages. The International Model Search. Oct. 17 Howard Johnson Hotel. Info: 874-7624.

5 - Typing Services

Success to all students in '93. WordPerfect 5.1. Term papers, resumés, access form, applications. 25 yrs. experience. $1.75 double space, 7 days/week. Rapid service. On campus - Peel/Sherbrooke. Paulette Vigneault or Roxanne 288-9638, 288-0016.

Word Processing. 937-8495. Term papers, résumés, forms design, correspondence, manuscripts, (Laser printing) (Photocopier) 9:00 a.m.–6:00 p.m. (7 days) (near Atwater)

Word-processing of term-papers, reports, theses etc. Word-Perfect 5.1, Laser printer. 8 years experience. Fast, professional service. Good rates. Close to McGill. Brigitte 282-0301.

RESUMÉS by MBA's. Student rates. Better Business Bureau Member. 3000+ students served. Owner worked for Procter & Gamble, Heinz and General Foods. PRESTIGE (on Guy) 939-2200.

6 - Services Offered

Lamination and Mounting Service. For posters, picture, diplomas, etc. Great quality work and guaranteed lowest prices. For more info: Call Ross at 683-5426.

BiSi-NET Online Classified Ads on a 24 Hour Computer BBS. Browse through the ads. Place your own ads. Set your software to: 8-N-1 ANSI-BBS. Call 514-631-1688.

T-shirts printed. Events - clubs - teams. Best quality & prices. ARTICOTEX printers 933-9289.

7 - Articles For Sale

For Sale: Waterbed Frame (Queen) excellent condition, needs mattress. Cost $50. Call 482-8962.

GT Avalanche Mountain Bike. 18" prestige MTB tubing, Shimano XT series, cordless computer. Triathlon 4-position handlebars. $990 Negotiable. KAS 739-4598. Kryptonite lock included.

Wedding Dress. White. Long sleeves. Scoop neck. Chiffon & Lace. Size 7-8. 486-4198 6–9 pm.

Speaker stands. Black. Approx. 1½ ft. high. 486-4198 6–9 pm.

Wedding Dress. Ivory-white. All silk. Long sleeves. Off-shoulder. Little pearls on sleeves. Short train that hooks up. Size 9-10. Excellent condition. 332-1731.

13 - Lessons/Courses

Score well on the LSAT, GMAT, or GRE! Our preparation courses which use a unique approach have been used successfully by thousands since 1979. Call 1-800-567-7737.

Come and Practice your French with francophones. Club Half and Half 465-9128.

14 - Notices

McGILL NIGHTLINE

McGill Nightline is back!! Call us before you call your mother long distance! Open 7 days a week 9 p.m. to 3 a.m. Call us - 398-6246.

BE A PART OF THE "NEW BEGINNINGS" this semester at the Newman Centre. Masses 5 p.m. Saturdays, 11 a.m. Sundays, 3484 Peel, 398-4106. All are welcome. Come Join Us!

17 - Parking

Save $ and Time. No more tickets, no more circling the block looking for parking. Rent parking seconds from campus. **481-5911.**

WANNA ADVERTISE?
LETTY & BORIS would love TO HEAR FROM YOU.
398-6790.

McGILL CAMPUS REC **INTRAMURAL SPORTS PROGRAM**

ACTIVITY	CATEGORY	COST	REGISTRATION DATES
BADMINTON	M, W	$6.00 (I)	OCT. 19 TO OCT. 27
BASKETBALL	M, W	$65.00 (T)	SEPT. 21 TO SEPT. 29
HOCKEY	M, W	$325.00 (T)	SEPT. 22
VOLLEYBALL	M, W CO-REC	$65.00 (T)	SEPT. 21 TO SEPT. 29
VOLLEYBALL (3 on 3)	M, W	$18.00 (T)	NOV. 2 TO NOV. 10

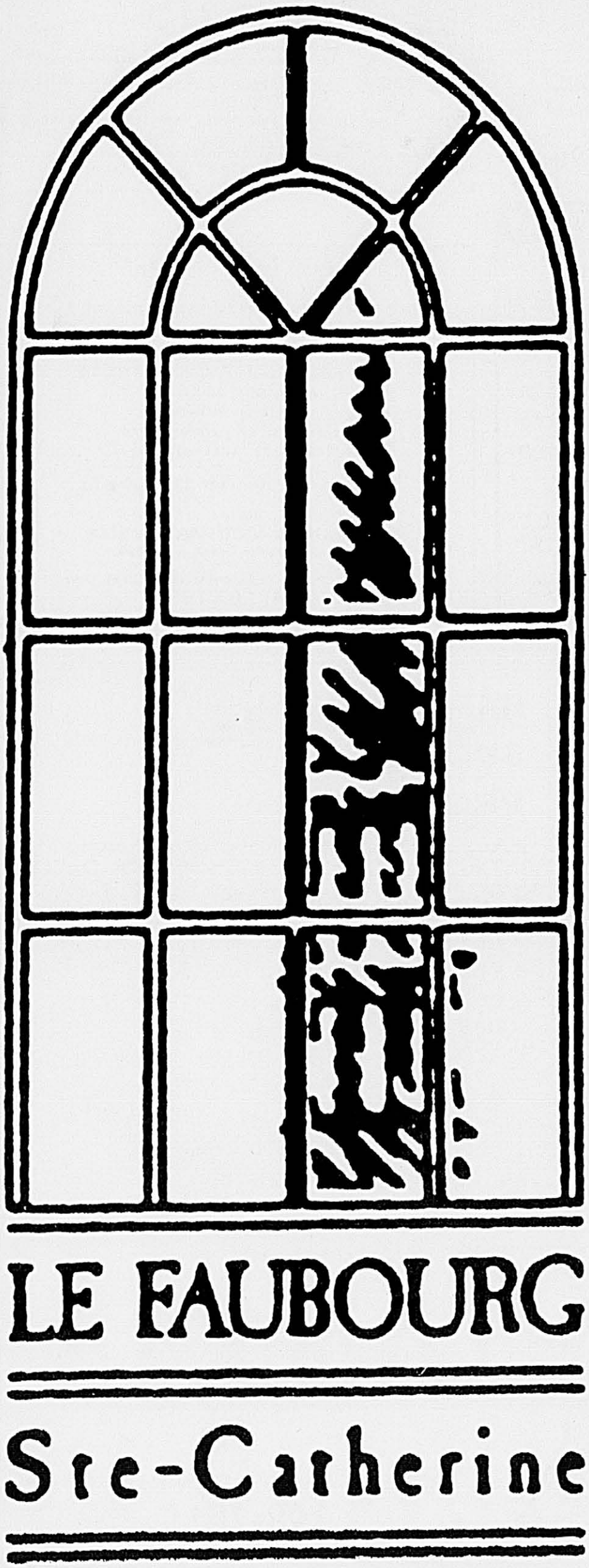
M = MEN W = WOMEN CO-REC = CO-RECREATIONAL
T = TEAM ENTRY FEE I = INDIVIDUAL ENTRY FEE

- In many sports space is limited - registration is on a first come, first served basis.
- Please note that registration deadlines are strictly enforced.
- All teams must be represented at the Captains' Meeting for that sport. A team that is not represented will not be included in the league.

REGISTRATION
Campus Recreation Office (Room G-35)
Sir Arthur Currie Gymnasium
475 Pine Avenue West

FOR FURTHER INFORMATION PLEASE CALL
398-7011

Welcome to All McGill Students for the 93-94 School Year



LE FAUBOURG

Ste-Catherine

Le Faubourg Ste-Catherine is open for your convenience daily from 9 a.m. to 9 p.m. to serve all your shopping needs! We have an international food court (open daily until 9:30 p.m. with a breakfast area open from 6:30 a.m.). You'll also find a flower shop & even a cinema. Also, our kiosks offer beautifully hand-crafted products such as jewellery, hats & much more!

PLUS!!! With a $10 purchase, you are given one hour free parking after 5 p.m. on weekdays and all day on Saturdays & Sundays.

Come see for yourself what *Le Faubourg Ste-Catherine* is all about!

We're situated at:
1616 Ste. Catherine West,corner Guy

For more information, call:
939-FOOD

A La Japonaise
A.L. Van Houtte
Afandi
Al Forno
Aliments Vogel
Arcade
Boucherie Toscano
Boulangerie du Faubourg
Breakfast
Brochetterie Brodard
Cadeaux Dragon
Café-Sandwich
Cajun Créole
Chalet Sahara
Cineplex Odeon
Crêperie de Paris
Cuisine Naturelle
Deli-M
Epicerie du Faubourg
Fleurs du Faubourg
Fournil St-Cinnamon
Fruits Levy
Gourmet Hot & Spicy
Hidalgo
International Leather Collection
Kernels
L'Etincelle
L'Objet Voyage
L'Olivier de Provence
La Fine Gueule
M. Félix & Mr. Norton
Mango Sport
Mikos Souvlaki
Mmmuffins
Nutripasta
Oktoberfest
Pâtisserie L'Eclair
Photoflash
Place du Bagel
Plantation
Poissonerie Odessa
Poulet Tikka
R.M. Wurst
Scoops
Snow Pea
Société des Alcools
Stone Gym
Sushi Plus
Tabagie TabMag
Tis Restaurant (Crispy's)
Unibeauté Coiffure
Wok Imperial
Yogen Früz